

**Application Data Sheet**

**Application Information**

Application Number::

Filing Date::

April 25, 2005

Application Type::

Regular

Subject Matter::

Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CDs::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of Copies of CRF::

Title::

COSMETIC AND PHARMACEUTICAL FOAM

Attorney Docket Number::

113873.124 US2

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

1

Total Drawing Sheets::

2

Small Entity?::

Yes

Latin Name::

Variety Denomination Name::

Petition Included?::

No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity  
Given Name:: Dov  
Middle Name::  
Family Name:: Tamarkin  
Name Suffix::  
City of Residence:: Maccabim  
State or Province of Residence::  
Country of Residence:: Israel  
Street of Mailing Address:: 537 Har Hila Street  
City of Mailing Address:: Maccabim  
State or Province of Mailing Address::  
Country of Mailing Address:: Israel  
Postal or Zip Code of Mailing Address:: 71908

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity  
Given Name:: Doron  
Middle Name::  
Family Name:: Friedman  
Name Suffix::  
City of Residence:: Karmeï Yosef  
State or Province of Residence::  
Country of Residence:: Israel  
Street of Mailing Address:: 33 Alon Street  
City of Mailing Address:: Karmeï Yosef



State or Province of Mailing Address::

Country of Mailing Address:: Israel

Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Israel

Status:: Full Capacity

Given Name:: Meir

Middle Name::

Family Name:: Eini

Name Suffix::

City of Residence:: Ness Ziona

State or Province of Residence::

Country of Residence:: Israel

Street of Mailing Address:: 2 Hashaked Street

City of Mailing Address:: Ness Ziona

State or Province of Mailing Address::

Country of Mailing Address:: Israel

Postal or Zip Code of Mailing Address::

**Correspondence Information**

Correspondence Customer Number:: 23483

Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

Phone Number::

Fax Number::

E-Mail Address::

**Representative Information**

<b>Representative Customer Number::</b>	23483	
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**Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This application	is a national phase under 35 USC 371	PCT/IB2003/005527	10/24/2003
PCT/IB2003/005527	An application claiming the benefit under 35 USC 119(e)	60/492546	11/29/2002

**Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
PCT	IB2003/005527	10/24/2003	Yes
Israel	152486	10/25/2002	Yes

**Assignee Information**

Assignee Name::

Foamix Ltd.

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::